State of Georgia

Two Business Days Report of Contributions Received

(Formerly 48 Hour Report)

MUST BE MAILED $\underline{\text{AND}}$ ALSO SENT VIA FACSIMILE, ELECTRONIC TRANSMISSION, OR BY HAND TO THE FILING OFFICE WITHIN TWO BUSINESS DAYS OF CONTRIBUTION

G III G IV XX			2.001 0 1		
Candidate or Committee Name Office			Office Sought	e Sought	
Mailing Address (number and street)		City	State	Zip	
Full Name of Contributor	Contributor				
Mailing Address	Received Date Occupation &				
(PAC Affiliation if applies)	Contribution Type*	Employer	Election	Amount	
* Monetary, In-Kind or Loan	4		1	, F 4	
certify and affirm that I have examined affirm that the contents in this report are					
further affirm that I understand that the		_		•	
mpaign contribution disclosure report.	· · · · · · · · · · · · · · · · · · ·	1	<i>C C ,</i>		
Name of CandidateChairman					

- If you are filing with the State Ethics Commission please use the facsimile number of 404-463-1988.
- If you are a candidate for local office please contact your local filing office for a facsimile number.